**Welcome to Level Two Counselling**

To support you we need the following details, please note if we do not receive enough information the referral will not be processed.

Please note if the young person is in urgent need of support, please contact your GP or 999 in an emergency, as there may be a wait on our services.

I am a young person aged 7-25yrsI am a Parent/Guardian of a young person

Full name:

Gender: Male: Female: Do not wish to disclose:

Date of birth: Age

Address:

Postcode:

Your contact number:

Email:

Best way to contact you?

Name of parent/carer (if under 18 yrs )

Who do you live with?

Can we contact your parent/carer if necessary?

Emergency contact name and number:

If in education, please see below.

Are you: (Please tick all that apply) Name of School

At School School Year 6th Form

Training/apprenticeship Employed

 Further Education None of the above

Do you have any special educational or additional needs?

Do you have any medical conditions we should be aware of?

How do you think Counselling can help you?

Are you receiving support from other agencies or people? If yes who?

How did you hear about Level Two Counselling

**If you are completing this form on behalf of or with a young person, please give your details below.**

Name: Organisation

Contact Number:

Additional information

Signature

* I agree that I have completed this form or have witnessed my supporter in completing the details. I understand this information will be kept safe and secure. I understand it will not be passed to other agencies or individuals outside of Level Two Mentoring without asking or informing me first.

**If you are a young person completing this form you do not require parental consent.**

**Signature of young person: Date:**

Date referral received

Who by? Counselling Number

Send to- Level Two, 2nd Floor, 54 Cobbold Road, Felixstowe, Suffolk, IP11 7EL

**lisamileslevel2@gmail.com**